

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 10, 1994.**

AMOUNT DUE ON RECEIPT \$750.00 (IF FOREIGN) \$1,500.00 (IF FOREIGN) AMOUNT DUE TO REINSTATE \$750.00

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

1995 APR 27 PM 3:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **J69916** (1)

1. Corporation Name  
**LUCAS FARM, INC.**

Mailing Address: ~~1111 LINCOLN RD. MALL STE. 500 MIAMI BEACH FL 33139~~  
**18215 COLLINS AVE MIAMI BEACH FL 33160**  
Principal Place of Business: ~~1111 LINCOLN RD. MALL STE. 500 MIAMI BEACH FL 33139~~  
**18215 COLLINS AVE MIAMI BEACH FL 33160**  
If above addresses are incorrect in any way, line through incorrect information and enter correction below

DO NOT WRITE IN THIS SPACE

21. Mailing Address <b>18215 COLLINS AVE</b>	26. Principal Place of Business <b>18215 COLLINS AVE</b>
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State <b>MIAMI BEACH FL</b>	28. City & State <b>MIAMI BEACH FL</b>
24. Zip <b>33160</b>	29. Zip <b>33160</b>
25. Country <b>USA</b>	30. Country <b>USA</b>

3. Date Incorporated or Qualified <b>04/28/1987</b>	3a. Date of Last Report <b>02/25/1993</b>
4. FEI Number <b>65-0213107</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <b>\$8.75 Additional Fee Required</b> <input type="checkbox"/>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
~~MCKIBBIN, DAVID A.  
THERREL BAIRDEN & MEYER WEISS  
1111 LINCOLN RD. MALL STE. 500  
MIAMI BEACH FL 33139~~

10. Name and Address of New Registered Agent  
81 Name **F. W. LUCAS**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**18215 COLLINS AVE**  
83  
84 City **MIAMI BEACH** FL 85 Zip Code **33160**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent I am familiar with, and accept the obligations of Section 607.0505 or 617.0503, Florida Statutes.  
SIGNATURE: *Francis W. Lucas* DATE: **4-14-95**

12. OFFICERS AND DIRECTORS

1.1 TITLE <b>D/P</b>	1.2 NAME <b>LUCAS, FRANCIS W.</b>	1.3 STREET ADDRESS <b>18215 COLLINS AVENUE</b>	1.4 CITY - ST - ZIP <b>MIAMI BEACH FL</b>
2.1 TITLE <b>D</b>	2.2 NAME <b>LUCAS, RUTH K.</b>	2.3 STREET ADDRESS <b>18215 COLLINS AVE.</b>	2.4 CITY - ST - ZIP <b>MIAMI BEACH FL</b>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP

13. CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP <b>33160</b>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP <b>33160</b>
3.1 TITLE	3.2 NAME <b>D. V. AND S ROBERT F. LUCAS</b>	3.3 STREET ADDRESS <b>18215 COLLINS AVE</b>	3.4 CITY - ST - ZIP <b>MIAMI BEACH FL 33160</b>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS <b>600001466956</b>	5.4 CITY - ST - ZIP <b>-04/27/95--01068--015</b>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP <b>****200.00 ****200.00</b>
7.1 TITLE	7.2 NAME <b>self</b>	7.3 STREET ADDRESS	7.4 CITY - ST - ZIP <b>4-26</b>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 1 (1) 07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the executor or trustee empowered to execute this report as required by Chapter 607 or Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.  
SIGNATURE: *Francis W. Lucas* DATE: **4-14-95**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR